



TIGARD PUBLIC LIBRARY  
***Volunteer Application***  
Fall 2007

13500 SW Hall Blvd.  
Tigard, OR 97223  
(503) 684-6537

NAME:		BIRTHDAY:	
MAILING ADDRESS:		CITY/ZIP:	
HOME PHONE:	EMAIL:		
ALTERNATE PHONE:	EMERGENCY CONTACT & PHONE:		
OCCUPATION:		EMPLOYER:	
<b>(Volunteers between 12 &amp; 16 years of age and their parents must also read and sign page 2 of this form.)</b>			
<b>Please mark the positions you are interested in:</b>			
<input type="checkbox"/> Shelver	<input type="checkbox"/> Assistant to staff	<input type="checkbox"/> Friendly Visitor to Homebound	
<input type="checkbox"/> Checkin books & videos	<input type="checkbox"/> New Material Processing	<input type="checkbox"/> Program Assistant	
<input type="checkbox"/> Shelf-Reader	<input type="checkbox"/> Book Mending	<input type="checkbox"/> Entry Point Greeter	
<input type="checkbox"/> Holds processing	<input type="checkbox"/> Special Needs Facilitator	<input type="checkbox"/> Other _____	
All Library Volunteers are members of the Friends of the Tigard Library. Would you like to be contacted about Friends of the Library committee activities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to submit to a criminal background check if required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you required to perform service hours for another agency or organization? If so, please name the agency and the number of hours required.			
What special skills, interests, or training do you have?			
What days are you available to volunteer? Please check all that apply: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
What time of day do you prefer? Morning Afternoon Evening Number of hours per week you are available to volunteer:			
To best meet your needs, please describe any particular goals or expectations that you have regarding volunteering at the Tigard Public Library:			

***Please read and sign the back of this form.***

## Volunteers 18 years of age and older:

In consideration of the opportunity to volunteer with the City of Tigard, I fully and completely release the City of Tigard, its officials, and employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the City. I understand that I will be covered by the City's worker's compensation insurance for any physical injuries that may occur during my volunteer activities. I acknowledge that any photograph or videotape taken of me participating in this volunteer activity may be used for outreach, education, or documentation purposes by the City of Tigard.

By my signature below, I verify that I understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release, and indemnify the City of Tigard, its officials, and employees from liability for property damage and/or personal injury resulting from my participation in this program.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Volunteers 12 through 17 years of age:

By my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to his/her participation in the City of Tigard volunteer program. I also agree to indemnify, hold harmless, and release the City of Tigard, its officials, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the volunteer program. I acknowledge that any photograph or videotape taken of my child/ward participating in this volunteer activity may be used for outreach, education, or documentation purposes by the City of Tigard.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Youth Volunteer Signature: \_\_\_\_\_ Date \_\_\_\_\_

### ***(For Library use only)***

Interview Date \_\_\_\_\_ Interviewer \_\_\_\_\_ Orientation \_\_\_\_\_ Training \_\_\_\_\_

Supervisor/Division \_\_\_\_\_

Assigned Task \_\_\_\_\_

Assigned day and time \_\_\_\_\_

Start date \_\_\_\_\_

☐ database ☐ name badge ☐ roster

☐ training \_\_\_\_\_ Notes: \_\_\_\_\_